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Support for HB 563

Dear Legislators:

I wish to express my strong support for this bill. I have been trained as a sexual assault nurse examiner and have worked with adult and child victims of sexual assault and abuse. I provide evaluation for employees who have a bloodborne pathogen exposure in our community.

Victims of violent crimes are traumatized by the physical and emotional assault, then are traumatized again by sexually transmitted diseases. My best friend was raped, and got herpes. She will have herpes the rest of her life. Medical expenses for evaluation and treatment victimized her again.

Another victim was raped and got HIV disease. Although she was evaluated and treated immediately after the event, the rapist was not tested, and she was not offered antiviral medication. Medication administered within four hours of the exposure can prevent the victim from getting HIV disease.

I worked with a Good Samaritan who held a motor vehicle accident victim's bloody head for 30 minutes waiting for EMTs to arrive. The Good Samaritan had cut his hand during the rescue, so he had prolonged exposure to blood from the victim. Although the victim was a patient in our hospital we could not test the blood because we could not obtain consent [unconscious and no family available.] If the EMT, a law enforcement officer, or a healthcare provider had been exposed we could have tested.

This bill will improve health care for Good Samaritans and victims of violent crimes. Please support this bill.

Thank you.

Rebecca Sturdevant, MSN, APRN
Family Nurse Practitioner

MEDICAL CARE FOR INFECTIOUS DISEASE EXPOSURES:

Standard of Care for medical evaluation of a person who has been exposed to potentially infectious body fluids such as blood, seminal fluid, vaginal fluid, cerebrospinal fluid, and peritoneal fluid.

Best practice currently provided when there is occupational exposure to potentially infectious body fluids:

1. Test the source person [right away!] Testing for HIV is completed within 2 hours.
2. Offer medications to the exposed person to help prevent infection [target only identified infections.] Medications to prevent HIV infection must be started within 4 hours.
3. Baseline infectious disease screening for the exposed person; continue to monitor only for the identified infections [if the source is infection free then no follow up required]
4. The exposed person has peace of mind; if source is negative there is no need to avoid close contact with family.

WHO PAYS? OSHA requires the employer to pay for bloodborne pathogen exposures. Workers' compensation insurance covers many exposure events.

Current practice for Good Samaritan or crime victim exposure to potentially infectious body fluids:

1. Guess what the source person might have
2. Offer antibiotics to rape victims [these are effective against bacterial infections; they do not help with viral infections.] A very high risk exposure victim may be offered antiviral medications; these are very expensive and have serious side effects.
3. Suggest baseline infectious disease screening for the victim and monitor for at least 6 months with repeated tests; wait and see what diseases the victim gets.
4. The exposed person worries about what may develop; he or she should avoid close contact with family because source status is unknown.

WHO PAYS? The Good Samaritan or victim must pay for the source evaluation. Some insurance companies will pay for the patient evaluation.

This revision will allow the Good Samaritan and the crime victim to receive better quality healthcare at a lower cost. Currently many crime victims receive inadequate evaluation and treatment for infectious diseases because the victim has no way to pay for it. This revision would provide supplemental funding through the crime victims' compensation fund to pay for testing for the source and the victim and treatment for the victim.

Current statute allows testing of the source person IF the source person consents OR if there is already a specimen available in the lab AND the exposed person is a healthcare professional or first responder.

This revision would add persons who provide "voluntary emergency assistance", Good Samaritans, to this list.

This revision would require law enforcement to seek testing for source

persons who have been arrested for crimes against another person where the victim was exposed to the source person's potentially infectious body fluids. If the source person does not consent to this testing then law enforcement can ask a judge for a warrant. The accused person's rights are protected by this requirement for a warrant. This statute would also be beneficial to the source person. The source person may find out about previously undiagnosed infectious diseases. The source person and his/her family members will be able to seek treatment for diseases which could cause serious injury and even death.

Please support this bill to improve health care for Good Samaritans and crime victims.